

College Bound Student Checklist For Higher Education Application

1. _____ Your personal letter requesting why you need a grant, and how you plan to use the funding, your college major, and your objectives.
2. _____ A certificate of Indian Blood from the Kickapoo Tribe.
3. _____ Completed Pell Grant, or complete the Pell Grant if you have not already done so.
4. _____ A copy of the letter of Admission from the college you plan to attend.
5. _____ Financial needs analysis to be signed by the applicant and sent to the Financial Aid officer of the College/University.
6. _____ Freshman are required to submit SAT or ACT scores.
7. _____ A complete high school transcript/GED or a complete official college transcript.
8. _____ A degree evaluation for all students achieving Junior status (60) semester credits or (90) quarter credits.
9. _____ Certificate of Agreement

**** When all documents are received, your eligibility
for available funding will be determined.**

**Deadlines: July 1 - Fall
 Nov. 1 - Spring**

**Kickapoo Education Program: 1107 Goldfinch Rd. • Horton, Kansas 66439
Phone: 785-486-2627 or 1-877-864-2822 • Fax 785-486-2801**

KICKAPOO TRIBE IN KANSAS

HIGHER EDUCATION GRANT APPLICATION

All information requested is voluntary, however, failure to fully complete all applicable parts may result in delays of processing this application or make it impossible to process at all.

Name: _____ Social Security No.: _____
Last First Middle Maiden

Address: _____ Telephone: _____
Street City State Zip Code

State of Residency: _____

Tribal Affiliation: _____ Enrollment Number: _____

Home Agency & Address: _____

Name & Address of High School: _____

Type of High School: ☐ BIA ☐ Tribal ☐ Private ☐ Mission ☐ Public ☐ GED Graduation/GED Date: _____

APPLICATION REQUEST: 20 _____ 20 _____

☐ Academic Year ☐ Spring Only ☐ Fall Only ☐ Summer ☐ Full-Time ☐ Part-Time

Name & Address of College Selected: _____

College Major: _____ Expected Graduation Date: _____

Expected Degree: ☐ AA ☐ BA ☐ BS ☐ MA ☐ Other _____

Year in College: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate

I will live: ☐ On Campus ☐ Off Campus ☐ With Parents ☐ Have you received a BIA Grant before? ☐ Yes ☐ No

If yes, what years? _____ Number of Semester Hours earned: _____ Quarter Hours: _____

STATEMENT OF EDUCATION PURPOSE: I declare that I will use any funds I receive under the Bureau of Indian Affairs Higher Education Grant Program solely for expenses connected with attendance at:

Name of Institution: _____

I hereby certify that the above information on this form is true and correct to the best of my knowledge and consent to the release of this information to the necessary agencies to complete my financial aid package. I request that any BIA grant awarded me be mailed to me in care of the financial aid office of the institution. I will provide a copy of my grades or transcript to the Kickapoo Tribe in Kansas, Education Programs Coordinator, at the end of each academic term.

Signature of Student: _____ Date: _____

KICKAPOO EDUCATION PROGRAM

1107 Goldfinch Rd.
Horton, Kansas 66439
1-877-864-2822 Fax: 785-486-3301

CERTIFICATE OF AGREEMENT

I hereby acknowledge, that I have received funds to be allocated toward an educational program initiated by myself and approved through the application process for assistance under the Kickapoo Education Program. This assistance is available to members enrolled with the Kickapoo Tribe in Kansas. It is the goal of the Kickapoo Tribe in Kansas to educate its members and make this service available to everyone provided they remain in good standing.

This service includes; but is not limited to, College Classes, Workshops, Short Term Certification Programs and GED/Alternative H.S. Diploma Programs. Currently, Internet Classes are not classified under classroom training for payment assistance.

I understand that if I fail to complete the program without good cause, I am obligated to repay all funds received from this program in a timely manner. Repayment can be made through either one lump sum payment or through an approved repayment agreement. If I cannot make payment or defer from the approved repayment agreement, I agree to a voluntary release of per capita funds to cover repayment of the education funding.

Student Signature _____ Date _____

(Please Print) Name _____

Address _____

KTIK Education Program Office Use Tribal Member Application Status:

Adult Education _____

Tribal Supplement _____

Vocational Education _____

Master's Program _____

Higher Education _____

Program Director _____ Date _____

FINANCIAL AID PACKAGE FORM

TO BE COMPLETED BY THE STUDENT: PART 1

Home Agency of Tribe _____

Name: _____ Social Security Number: _____

Home Address: _____
Street City State Zip Telephone

Years in College: _____ Major: _____ Minor: _____

Marital Status: _____ No. Of Dependents: _____

Please send the necessary application for college administered financial aid. I give permission for the University to release financial and academic information to the Kickapoo Tribe. The Kickapoo Tribal Office will need financial aid information listed in Part II before any action will be taken on my application. When all the necessary information is on file in your office please complete and forward Part II or a similar form to:

Kickapoo Tribe in Kansas
Education Programs Director
1107 Goldfinch Rd.
Horton, KS 66439
1-877-864-2822 • Fax: 1-785-486-3301

Student's Signature _____

Date _____

All students are required to apply for other sources of funding available through the Financial Aid Office

TO BE COMPLETED BY THE FINANCIAL AID OFFICER: PART II

This student has applied to the Tribal BIA Higher Education Office. Verified financial information is requested through your office before action is taken on this application. We appreciate your assistance and would you complete and forward this form, or a like form, to the above address. Thank you for your assistance.

- () Default Loans
() Student has not yet applied for financial aid. Need cannot be determined.
() Student applied late. Will not be considered for funding.
() Student's application is incomplete and cannot be considered.
() Funds exhausted at institution.
() Other _____

Tribal Application Deadlines

July 1 - Fall
Nov. 1 - Spring

This student is considered: Independent _____ Dependent _____

BUDGET PERIOD - From _____ to _____ Which will start on (date) _____

COLLEGE/UNIVERSITY BUDGET STUDENT RESOURCES AND INSTITUTION AWARDS

LOANS

Tuition _____	Parental Contribution _____	Pell Grant _____	S.E.O.G. _____
Fees _____	Student/Spouse Contribution _____	C.W.S. _____	Perkins Loan _____
Room/Board _____	AFDC/Welfare _____	Voc. Rehab _____	Stafford Loan _____
Books _____	VA Benefits _____	Scholarship _____	
Travel _____	Social Sec. _____	Other _____	
Misc. _____	State Grants _____		
Other (Specify) _____	State Indian Scholarship _____		
	Scholarship _____		

Total Costs: _____

Total Resources: _____

Total
Loans: _____

We recommend that Tribal/BIA consider awarding this student \$ _____

SIGNATURE: _____
Financial Aid Officer Date Telephone

Name of College Address Zip

Our School is on: Semester System _____ Quarter System _____ Tri-Semester System _____

Copies: WHITE-KICKAPOO EDUCATION PROGRAM

CANARY-FINANCIAL AID OFFICE

INSTRUCTIONS FOR BIA HIGHER EDUCATION APPLICATIONS

It is very IMPORTANT that the following steps be followed in completing this application. Provide ALL of the information to the best of your knowledge, and have it properly signed.

Failure to complete the application may cause a delay in processing or no funding.

After the application has been properly completed and signed. YOU MUST complete Part 1 of the REVERSE SIDE of this instruction sheet and attach it to the college copy and mail it to the Financial Aid Office at the college of your choice.

All financial aid information and correspondence should be directed to the Program office identified below:

(AGENCY OR TRIBE FILL APPROPRIATE MAILING ADDRESS BELOW)

**Kickapoo Tribe in Kansas
Education Programs' Director
1107 Goldfinch Rd.
Horton, KS 66439**

All students must reapply for each academic year and for each summer session.

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT

GENERAL

This information is provided pursuant to Public Law 93 - 579 (Privacy Act of 1974). December 31, 1974

AUTHORITY

The bureau of Indian Affairs, Office of Indian Education Programs, Higher Education Grant Program operates an educational system under the general authority of 25 U.S.C. 13. 42 Stat. 208, Public Law 67-86 with specific authority contained in 25 CFR Part 40. Administration of Educational Loans, Grants and other Assistance for Higher Education.

PURPOSES AND USES

In accordance with the accountability required for the Administration of the funds appropriated for the program and in order to provide services to recipients, and to declare eligibility, certain information is required of applicants. This form solicits the required information. Use of personal data will be available to authorized sources upon request.

EFFECTS OF NONDISCLOSURE

Although furnishing personal information to this office is purley voluntary, failure to supply complete and accurate information may preclude the applicant for eligibility in obtaining higher education grant assistance under this program.

Kickapoo Tribe in Kansas
HIGHER EDUCATION SCHOLARSHIP
1107 Goldfinch Rd.
Horton, Kansas 66439
1-877-864-2822

VERIFICATION OF ENROLLMENT

This verification of enrollment is required before the student can receive their
_____ Higher Education Scholarships and must be
Semester and year

DATE

STUDENT NAME

SSN/Student ID

Is currently enrolled _____ semester at:

Name and Address of College or University

Student is:

A _____ HALF-TIME STUDENT- enrolled in less than twelve (12)
Hours.

B _____ FULL-TIME STUDENT- enrolled in twelve (12) hours or
More.

I certify that the information provided above is accurate according to our admission
records.

(Signature of Register/Admissions/Counselor)

Date signed

This form must be stamped with the SCHOOL SEAL.